



State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Date Filed: 03/19/2013

Business ID: 13876

William M. Gardner

Secretary of State

LEWIS BUILDERS, INC.

54 SAWYER AVE
ATKINSON, NH 03811

ADDRESS OF PRINCIPAL OFFICE:

54 SAWYER AVE
ATKINSON, NH 03811

REGISTERED AGENT AND OFFICE:

MORSE, CHRISTINE LEWIS
54 SAWYER AVE
ATKINSON, NH 03811

ENTITY TYPE: CORPORATION

BUSINESS ID: 13876

STATE OF DOMICILE: NEW HAMPSHIRE

PROPERTY MANAGEMENT

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. Harold J Morse

STREET 54 Sawyer Avenue

CITY/STATE/ZIP Atkinson Nh 03811

TREAS. Harold J Morse

STREET 54 Sawyer Avenue

CITY/STATE/ZIP Atkinson Nh 03811

PRES. Christine Lewis Morse

STREET 54 Sawyer Avenue

CITY/STATE/ZIP Atkinson Nh 03811

SECY. Christine Lewis Morse

STREET 54 Sawyer Avenue

CITY/STATE/ZIP Atkinson Nh 03811

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Christine Lewis Morse

STREET 54 Sawyer Avenue

CITY/STATE/ZIP Atkinson Nh 03811

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Christine Lewis Morse

Please print name and title of signer:

Christine Lewis Morse

NAME

PRESIDENT

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



1387620131002

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301